

ST. BEDE THE VENERABLE
1071 Holland Road, Holland PA, 18966
H.S. Youth Ministry Volleyball Registration
2010

Player's Last Name _____ First Name _____

Street Address: _____ City: _____ Zip _____

SHIRTS - 1) **SELECT COLOR:** GREEN _____ BLACK _____ GOLD _____
 2) **SIZE (CIRCLE ONE) -** AS AM AL AXL AXXL

Grade in March 2010: _____ DOB: _____ Sex: M / F School Attending _____

Parish you are a registered member of: _____ Religion _____

Mother's Name: _____

Home Phone # _____ Cell # _____ Work # _____

Father's Name: _____

Home Phone # _____ Cell # _____ Work # _____

Parent E-mail address _____

Preferred E-Mail address for team contact matters _____

EMERGENCY CONTACT _____

Telephone H _____ W _____ C _____

Health Conditions: _____

Please identify any health condition St. Bede Coaches should be aware of: i.e. ASTHMA, FOOD ALLERGIES, etc.

Note: A Medical Release form MUST accompany your registration.

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Registration FEE: \$40.00 per child Family Max Fee \$100.00
(Make all checks payable to St. Bede)

Total Number of children registering: _____ **Total Cost:** _____

Parent willing to help (what capacity) _____

Cash/Ck # _____ Date _____

All registration must be paid in full for the child to be officially registered.



St. Bede the Venerable
H.S. Coed Volleyball 2010
Policies and Legal Liability Waiver

1. All players must wear proper footwear.
2. St. Bede Volleyball has a zero tolerance policy regarding negative behavior of our players, coaches and parents. Any misconduct will be reviewed by the Priest Moderator and/or the Pastor, and significant violations by a participating player may result in suspension or termination from participation in the program.

The applicant and parent(s) agree that neither St. Bede nor any Coach or volunteer participating in the volleyball program will be held responsible for any accident, personal injury or loss occasioned by participation in the Youth Ministry Volleyball program including but not limited to participation in practices and games.

I agree that I shall provide health insurance or any other applicable insurance to cover any and all personal injury sustained by my child while participating in activities of the St. Bede youth ministry volleyball program. I understand that the sport of volleyball involves a risk of personal injury. I hereby release and forever discharge St. Bede and its volunteer coaches from all demands, causes of action, suits or liabilities for personal injury that may result from participation in this program. I have read and fully understood this Waiver and Release and have executed it voluntarily.

Player's name: _____

Parent's signature: _____

Date: _____